

Moreau Rec Little Ninjas



Recreational

Wrestling

Join the Bulldog Youth Wrestling Program provided by the Town of Moreau. This program will offer fun, exercise, self-esteem, and basic to advanced wrestling skills for all ages.

Who: Rec Youth Wrestling is inclusive of South Glens Falls School District Students in grades 1 – 6.

When/Where: January 7th – March 27th 2014 **Location:** Senior High Wrestling Room
Practices are every Tuesday and Thursday with the exception of School Changes. Practice will not take place when school is not in session. No school, no practice.

Grades 1 – 3: Tuesday and Thursday Nights 5:30 PM – 6:15 PM

Grades 4 – 6: Tuesday and Thursday Nights 6:15 PM– 7:30 PM

Register: Fill out this form and enclose a \$15 registration fee by cash or check and mail to or drop off to:

Make checks payable to: **Town of Moreau**
351 Reynolds Road
Moreau, NY 12828

What to Wear: All Wrestlers should have gym shorts, t-shirt, and CLEAN sneakers. Wrestling shoes are recommended.

Cost: \$15.00 for participation and a t-shirt. Cash or Check is acceptable.

Contact: John Chowske, Program Lead at 518-683-2154 or johnnychow77@gmail.com
Amy Alfonso, Moreau Recreation Director at 518-538-0136 or recreation@townofmoreau.org

Registration Information

Name _____ Age _____ Grade _____

Address _____

Phone _____ Email _____

School Grade _____ Years Wrestling _____

Emergency Medical Concerns (Attach Additional Sheet if Necessary)

Shirt Size: 10/12 14/16 Adult S Adult M Adult L Adult XL

I certify that I am the legal parent/guardian of the participant and give permission for the above child to participate in the Moreau Rec Youth Wrestling League. I understand that participation in Youth Wrestling may result in serious injury. I hereby agree to indemnify, save harmless, and waive liability of the Town of Moreau, The Town Board, the employees, and volunteers thereof, for any responsibility should any accident or injury occur as a result of participation in any program sponsored by the Moreau Department of Recreation or while using Recreation Program Facilities.

Parent/Guardian _____ Signature _____ Date _____